

Crossfire: 'Community-led total sanitation is the best method of achieving sustainable sanitation for all in rural areas'

ARUMUGAM KALIMUTHU and YAKUB HOSSAIN

In our debate between two experts, Crossfire invites Arumugam Kalimuthu and Yakub Hossain to debate the following: 'Community-led total sanitation is the best method of achieving sustainable sanitation for all in rural areas'.

Dear Arumugam,

Greetings from VERC in Bangladesh! I should first explain VERC's way of operating the community-led total sanitation (CLTS) programme, and what are the programme's main strengths that make it the best method.

VERC provides no subsidy to install household level latrines, but with respect to water point installation, a limited subsidy is provided by the government. In addition, a huge amount of NGO staff time is spent in facilitation in communities using participatory rural appraisal (PRA) techniques, although, compared with other programmes, this is less expensive (approximately US\$1.25 per beneficiary).

At the initial stage of CLTS, it took 14 months to achieve an open defecation-free status

in a community. Generally a community is formed with the involvement of 60 to 120 households. Within months of facilitation in communities, staff members become expert and they can draw the support of community catalysts of successful communities along with local government bodies in the lead role of mobilization – which helps reduce the required time span down to three to four weeks to declare it an open defecation-free community. At present it takes two to three months on average to declare a community open defecation free.

Application of CLTS requires proper motivation and commitment to be engaged in the approach which is based on appropriate training effort. VERC conducts a 42-day staff development training package with the aim that interventions will be sustainable in the long run. This training is usually conducted in nine modules, with required gaps. Unfortunately, most of the organizations do not agree

VERC provides no hardware subsidy, but a huge amount of NGO staff time is spent in facilitation

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Unfortunately, most of the organizations cannot spare their staff for 42 days of training

to take 42 days, giving time and workload as constraints, or they are less interested in training in participatory approaches having pre-conceived notions about them. So VERC conducts shorter CLTS training as per the NGO's request. This curtails the levels of skill imparted, and thus CLTS is then not truly CLTS.

The key considerations for the communities' latrine options are: that the latrine prevents contamination of other things by faeces; and it is free from odour and free from flies.

The CLTS approach lays emphasis on inclusion of all segments of people – poorest, disabled, and all vulnerable people – to ensure true coverage. VERC conducted a pilot study among differently abled people (DAP) – disabled people, pregnant and elderly people – and has extended support to install latrines suitable for them.

A major concern of CLTS is to ensure gender and equity in interventions. There is a 60:40 male:female representation in CBO (community-based organization) management positions, and both men and women are encouraged to participate in activities such as collecting water and maintaining the cleanliness of the toilet at household level.

Though VERC works mainly in rural areas it also covers seven municipal areas and follows the same approach with some minor adaptations, particularly regarding the land tenure sys-

tem since in urban areas there may be a threat of eviction.

Hope that the above points of argument will satisfy you.

*Best wishes,
Yakub Hossain*

Dear Yakub,

Greetings from India!

As a development worker and social engineer, I do not have any doubts about communities leading processes of change. In fact, all development work should be led by communities and sanitation is no exception. The views I express here are my personal opinion and in no way reflect the views of either the organization or the network I am currently working with. Central to my views is my belief that everyone has a right to the health improvements that come with an open defecation-free (ODF) environment and that we should be exploring and testing all possible approaches. I question some principles insisted upon in CLTS to achieve an ODF community.

One of the key principles in CLTS is achieving ODF status without any subsidy. Though I am not pro-subsidy, we should not be so rigid on this. Economic status, geographical conditions, cultural and political factors etc. have to be taken into account while deciding. For example, in India, around 34 per cent of communities earn less than a dollar per day and 80

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per cent earn less than 2 dollars (UNDP, 2008). With this low income, will the community's first priority be to fill its stomach or to invest in toilet construction? Moreover, when so much money is being spent on campaigning, meetings, conferences and consultancies, why not divert some funds to help the ultra poor install their toilets?

For me the critical element is that CLTS is not really subsidy free! There are indications that subsidy is being provided to CLTS communities in Bangladesh for upgrading. If such a position has been reached where subsidy is needed, why shouldn't it be included at the start? And would it not be more efficient to build better facilities first?

Not only efficiency but also equity are undermined as the poorest get the poorest facilities. In the absence of subsidy for the ultra poor, often families are made to adopt a sub-standard toilet design and the durability of such structures is questionable. These structures often collapse in 2 to 6 months. The higher the percentage of poor families in a village, the higher the slippage rate; that is, people abandon their toilets and return to open defecation.

I would like to know, what is the percentage of slippage in the 2,700 ODF communities declared by VERC? Is there any follow-up mechanism? The data relating to programme sustainability is based on information from only 424 families – we

need more data and information on monitoring methodology to inform the debate.

I also have doubts relating to design, which for poor families is generally a shallow leach pit covered with squatting slab (without a water seal). Does this design stop all faecal-oral transmission? Is this really safe and sustainable sanitation?

A further criticism is that CLTS totally ignores technical feasibility. A lot of villages in Bangladesh, where CLTS is being most heavily promoted and implemented, are situated in the shallow water table belt. Communities collect their drinking water from shallow pumps/wells in these belts. Does leaching from the pit latrines not contaminate the groundwater?

In addition, compared with conventional sanitation promotion methods, CLTS needs much higher resources for software activities and the time spent to achieve the result is considerable. With such a slow pace of progress, is it possible to achieve MDG targets within the stipulated time frame? As you have mentioned, a huge amount of facilitation is required from NGOs and often most promoters do not acknowledge this cost and are also not ready to add per capita investment.

Community mobilization is a key factor and any lack of skilled resources would hamper the end result, as you have mentioned. But, there are major gaps in skilled human resources

What is the percentage of slippage in the 2,700 ODF communities declared by VERC?

Why are the results of CLTS less encouraging in India and Nepal than Bangladesh?

CLTS is one among many approaches

in the sector. How can the scaling-up of CLTS yield any impact without addressing this?

I have two more key questions:

Replication. CLTS is being intensively promoted in Bangladesh, India and Nepal. Compared with Bangladesh, the results in the other two countries, are not encouraging. Why is this?

Success of TSC in India. The result achieved in India under the Government of India's 'Total Sanitation Campaign' (TSC) in three years is much better than was achieved in Bangladesh under CLTS in eight years. Would you consider TSC as a better approach than CLTS?

Considering all the above, I would say that CLTS is one among many approaches and certainly not the only approach. Thorough and open-minded review is essential to understand the realities on the ground, and building in monitoring and follow-up mechanisms are essential before stating that CLTS is the best or only method.

*Regards,
Arumugam Kalimuthu*

Dear Arumugam

VERC believes that CLTS is a programme of total sanitation leading towards ultimate coverage. The entry PRA exercise helps people to assess their present lapses in safe water access, environmental sanitation and hygiene practice. The

analysis helps ignite the community to form CBOs to steer the process at the root level. The whole community can achieve ODF status – with the poorest households' situation considered and the well-off households extending financial and material support – without waiting for external support. This achievement helps the community understand that it can do things on its own. Government allocation for latrine installation is an outcome of national-level policy advocacy in the sector following the SACOSAN 2003, and it is not in opposition to the approach. VERC uses this allocation as a supportive element to expedite the left-over cases in a wider area, but this allocation is not regular and the availability cannot be relied upon to match the community plan. Communities should not be waiting for the government allocation; they should take the lead role with available materials and space where the NGO helps them with the basics of ensuring hygiene standards. However, in cases where VERC has ignited the people through community mobilization, but a latrine has not yet been installed, the government may allocate the subsidy to help them install a latrine.

VERC usually considers the socio-economic status, geographical conditions, cultural and political factors before starting in a community. If the materials for a low-cost latrine, such as bamboo, rope, and fences,

Appropriate technologies are suggested by VERC considering the geo-physical conditions of the area

are available in the community, people can afford it. Here desire is the main thing. Once people did not know a latrine could be made costing only 58 taka/105 taka/110 taka, etc. (i.e. starting from US\$1.25).

Rather than prescribing one particular model we teach the required technology skill so that people need not wait for external support to improve the standard of their toilets. The programme is based on a community-agreed timeline and standard, and since it is community led there is a slight possibility of slippage from standard. The reason why government-led initiatives did not succeed and sustain is that they distributed latrine materials free of cost without creating demand. There is no slippage in the 2,700 ODF communities declared by VERC.

We know this because there are several monitoring mechanisms in our approach. The WatSan Action Committee (CBO) monitors the overall sanitation situation; the children's group monitors open defecation and hygiene practice; women of Community Monitoring Groups monitor hygiene behaviour, keeping count on a monitoring chart. VERC staff monitor in a systematic way on a daily basis. Local government bodies monitor the overall WatSan situation along with VERC and take action as necessary.

Regarding pollution of the groundwater, we do not agree with your statement. VERC

selects technologies that are appropriate to meet sanitation purposes in a particular area. VERC first monitors the technical feasibility in an area and completes a sanitary inspection form. Appropriate technologies are suggested by VERC considering the geo-physical condition of the area.

For example, Saint Martin Island is situated in a landmass with a sub-surface rocky layer and fresh water available just 5–10 feet below the surface level and in some places just 9–10 feet below the sandy soil. The fresh water layer is a maximum of 25 feet depth. In this situation, VERC designed a special drinking water source and suitable latrine options for the community. In Lalmohan, Bangladesh, groundwater is saline, and contaminated with arsenic and iron. VERC recommends deep tube wells for the area. Furthermore, water quality testing is part of the regular work of VERC.

As for the considerable time and resources needed for software, this depends on the situation in the community, as well as the facilitation skills of the NGO. CLTS can ensure the ODF status is attained in 3 to 3.5 months and it takes another 9 months to achieve the other targets of total sanitation in a given community. For long-term sustainability this level of software activity is essential and not excessive compared with any other contemporary approaches

The reason why government-led initiatives did not last is that they distributed latrine materials free without creating demand

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in the sector. As such, we do not agree with your argument. This approach being adopted by sector NGOs and government, has made it possible to achieve significant coverage in the country (84 per cent, as quoted by the government).

Replication in other countries is not a problem. Success depends on underlying factors such as:

- government policy decisions;
- organizational value;
- thoroughness of the training package;
- local context;

Where do you get the figure of achieving CLTS in eight years? As mentioned above we spend a total of around one year in a community. We do not work for four years in a single community. On achieving 100 per cent sanitation coverage, we move out from one community and on to another. We have been going from early 2001 to date in this manner.

TSC is totally different from CLTS, so far as we know: it is highly subsidy backed which is against the philosophy of CLTS. We are in the dark about TSC's programme process so we cannot compare it with CLTS and make comments on it.

*Yours,
Yakub*

Dear Yakub,

Greetings from India!

In your reply, you have explained the process of CLTS on the ground well, but you have politely avoided some key issues I raised. Your reply gives clear evidence of the process VERC followed and the effects this approach has had for VERC, but my concerns relate to the capacities and comprehension of all players in the sector of which VERC is only one. So please allow me to pick up a few points; I do this to help ensure we are all aware of the basic issues, so we can evolve appropriate and replicable solutions before scaling them up or claiming CLTS as the best approach to promote rural sanitation.

You have mentioned that the government subsidy helps those families who have been ignited by community mobilization but not yet installed a latrine and this helps improve coverage. Why are these families not able to install latrines, even after knowing the issues on open defecation? Is it because they cannot afford to build latrines? Certainly, I would agree with you that both software and hardware support (for poor families) have to go hand in hand and all the procedural delays need to be eliminated for quicker achievements.

Installation of a latrine for \$1.25 is less than the minimum wage per person per day. What

How good is a latrine that only costs \$1.25?

type of latrine installation are we dealing with? Digging a leach pit of 3 feet diameter and 3 feet depth, fixing a squatting slab or wooden plank and constructing low cost superstructure involves both labour and materials costs that are likely to be more than \$1.25 (the cost of a cement bag is over \$5)? Pioneering organizations such as VERC should help us understand the total cost: materials, labour, facilitation, etc.

I am worried about the intensive promotion of unprotected leach pit latrines in the shallow water table area. In the name of promoting low cost sanitation, we should not put the community at greater health risk. I am glad to know that VERC is involved in water quality surveillance in its operational villages, but this needs to be part of the CLTS model for all sector players not just VERC.

Please note that my argument on achieving results was not pertaining to just one village. It was about overall country achievement: TSC achievements within the past three years are much higher than the achievements recorded in Bangladesh under CLTS over eight years. The reasons for quicker sanitation coverage under the TSC programme are: 1) availability of comprehensive national level sanitation policy; 2) operating district level coordination units to promote

rural sanitation; 3) NGOs are encouraged by the government and their services are used to create demand for sanitation; 4) both software and hardware support are going hand in hand; 5) poor families below the poverty line get a subsidy to install latrines; 6) local level elected and government institutions (Gram Panchayat/block/district) get cash awards from the President of India (Nirmal Gram Puruskar Award) for achieving open defecation-free status and national recognition. The common element in CLTS and TSC is that there is little research and evidence on long-term changes in attitudes and behaviour.

The success of any sanitation approach depends on whether it addresses social, economic, political, cultural, technical and geographical needs of the target communities. I think both CLTS and TSC approaches should be thoroughly scrutinized to eliminate weaknesses before claiming these are the best approaches to promote rural sanitation.

*Regards,
Arumugam*

The TSC programme benefits from a comprehensive national-level sanitation policy

Reference

UNDP (2008) 'UNDP Human Development Report 2007/08', UNDP [online] <http://hdr.undp.org/en/reports/global/hdr2007-2008/> [accessed 20 May 2008]